

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004175

1. Entity Name

NACOM CORPORATION

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90042 040 ***158.75

Principal Place of Business Mailing Address
1900 E DUBLIN-GRANVILLE RD 1900 E DUBLIN-GRANVILLE RD
SUITE 100A SUITE 100A
COLUMBUS OH 43229 COLUMBUS OH 43229-3515

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 31-1603134 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINHART, LARRY R		NAME		
STREET ADDRESS	1900 E. DUBLIN-GRANVILLE RD, STE 100A		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOVERN, JOSEPH L		NAME		
STREET ADDRESS	1900 E. DUBLIN-GRANVILLE RD, STE 100A		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRITTAN, JAMES W		NAME		
STREET ADDRESS	1900 E. DUBLIN-GRANVILLE RD, STE 100A		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORN, ROBERT B		NAME		
STREET ADDRESS	1900 E. DUBLIN-GRANVILLE RD, STE 100A		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARPENTER, DONALD R		NAME		
STREET ADDRESS	1900 E. DUBLIN-GRANVILLE RD, STE 100A		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUBENSTEIN, RICHARD W		NAME		
STREET ADDRESS	10 SOUTH HIGH STREET		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH		CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 1-11-00 614 895 1313

CR2E034 (9/99)